

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning and ending																													
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization ROCKY MOUNTAIN ELK FOUNDATION, INC.</td> <td rowspan="2">D Employer identification number 81-0421425</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td rowspan="2">E Telephone number 406-523-4500</td> </tr> <tr> <td>5705 GRANT CREEK RD</td> <td></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code MISSOULA, MT 59808</td> <td>G Gross receipts \$ 125,244,652.</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: R KYLE WEAVER SAME AS C ABOVE</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">J Website: WWW.RMEF.ORG</td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>H(c) Group exemption number ▶ 9462</td> </tr> <tr> <td colspan="2">L Year of formation: 1984</td> <td>M State of legal domicile: MT</td> </tr> </table>	C Name of organization ROCKY MOUNTAIN ELK FOUNDATION, INC.		D Employer identification number 81-0421425	Doing business as		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 406-523-4500	5705 GRANT CREEK RD		City or town, state or province, country, and ZIP or foreign postal code MISSOULA, MT 59808		G Gross receipts \$ 125,244,652.	F Name and address of principal officer: R KYLE WEAVER SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	J Website: WWW.RMEF.ORG		If "No," attach a list. See instructions	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(c) Group exemption number ▶ 9462	L Year of formation: 1984		M State of legal domicile: MT
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ENSURE THE FUTURE OF ELK, OTHER WILDLIFE, THEIR HABITAT AND OUR HUNTING HERITAGE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	163
	6 Total number of volunteers (estimate if necessary)	6	12000
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,454,176.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	44,815,965.	34,143,237.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,838,591.	25,254,990.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,730,485.	8,364,784.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	620,420.	649,486.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	59,005,461.	68,412,497.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	4,636,065.	4,133,479.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	13,035,318.	13,126,189.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,705,754.	313.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	35,937,232.	44,757,918.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	53,608,928.	62,017,586.
19 Revenue less expenses. Subtract line 18 from line 12	5,396,533.	6,394,911.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	104,253,020.	115,073,136.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,471,808.	8,699,201.
		96,781,212.	106,373,935.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	SHANE CRONK, CFO/TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name SARAH HINTZ	Preparer's signature SARAH HINTZ	Date 05/10/21	Check if self-employed <input type="checkbox"/>	PTIN P00492291
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749	Phone no. (303) 779-5710		
	Firm's address ▶ 8390 EAST CRESCENT PARKWAY, SUITE 300 GREENWOOD VILLAGE, CO 80111				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF THE ROCKY MOUNTAIN ELK FOUNDATION (RMEF) IS TO ENSURE THE FUTURE OF ELK, OTHER WILDLIFE, THEIR HABITAT AND OUR HUNTING HERITAGE. OUR MISSION INCLUDES FOUR CORE PROGRAMS; LAND PROTECTION, HUNTING HERITAGE, HABITAT STEWARDSHIP AND WILDLIFE MANAGEMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 28,636,546. including grants of \$ 0.) (Revenue \$ 19,676,000.) PERMANENT LAND PROTECTION: REPRESENTS LAND ACQUISITIONS, CONSERVATION EASEMENTS, LAND EXCHANGES AND DONATIONS, AND HUNTER AND PUBLIC ACCESS RELATED PROJECTS. RMEF IDENTIFIES AND PRIORITIZES THE MOST CRUCIAL ELK WINTER AND SUMMER RANGES, MIGRATION CORRIDORS, AND CALVING AREAS USING GIS MAPPING, A 100-POINT RANKING SYSTEM, PARTNERSHIPS, AND FIELD-BASED PROFESSIONAL KNOWLEDGE. THE HIGHEST PRIORITY HABITAT OR ACCESS AREAS ARE PROTECTED THROUGH ACQUISITION OR EASEMENT. ACQUISITIONS ARE THEN USUALLY CONVEYED TO A GOVERNMENT AGENCY FOR MANAGEMENT. CONSERVATION EASEMENTS ALLOW LANDOWNERS TO PROTECT THEIR LAND IN PERPETUITY FROM DEVELOPMENT AND OTHER USES THAT COULD DIMINISH THE HABITAT VALUE.

4b (Code:) (Expenses \$ 8,934,410. including grants of \$ 974,429.) (Revenue \$ 3,095,545.) HUNTING HERITAGE: REPRESENTS GRANTS AND OTHER COSTS TO ENGAGE PEOPLE IN HUNTING AND OTHER OUTDOOR PURSUITS THROUGH SKILLS INSTRUCTION, MENTORING, CONSERVATION OUTREACH AND HUNTING RELATED PRODUCT.

4c (Code:) (Expenses \$ 5,758,151. including grants of \$ 2,811,567.) (Revenue \$ 1,029,269.) HABITAT STEWARDSHIP: REPRESENTS PROJECTS TO IMPROVE THE ESSENTIAL FORAGE, WATER, AND COVER COMPONENTS OF WILDLIFE HABITAT. TYPES OF PROJECTS INCLUDE RESTORING ASPEN COMMUNITIES, FIGHTING THE SPREAD OF NOXIOUS WEEDS, BOOSTING LAND PRODUCTIVITY WITH PRESCRIBED BURNING, AND THINNING OF FORESTS. RMEF FUNDS WATER DEVELOPMENT PROJECTS AS WELL AS FENCING PROJECTS TO PROVIDE BETTER DISTRIBUTION OF WILDLIFE AND LIVESTOCK.

4d Other program services (Describe on Schedule O.) (Expenses \$ 856,515. including grants of \$ 347,483.) (Revenue \$ 0.)

4e Total program service expenses 44,185,622.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, AZ, CA, CO, CT, DE, FL, GA, HI, ID
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) R KYLE WEAVER PRESIDENT & CEO	50.00 5.00			X				380,382.	0.	89,329.
(2) RODNEY TRIEPKE MANAGING DIRECTOR OF IT	50.00 5.00				X			188,240.	0.	23,914.
(3) BLAKE HENNING CHIEF CONSERVATION OFFICER	50.00 5.00				X			165,244.	0.	33,812.
(4) STEVE DECKER CHIEF REVENUE OFFICER	50.00 5.00				X			167,254.	0.	18,879.
(5) CHAD FRANKLIN MANAGING DIR OF FIELD OPERATIONS	50.00 5.00				X			151,680.	0.	33,079.
(6) GRANT PARKER GENERAL COUNSEL/SECRETARY	50.00 5.00			X				148,030.	0.	33,329.
(7) SHANE CRONK CHIEF FINANCIAL OFFICER/TREASURER	50.00 5.00			X				143,618.	0.	32,531.
(8) ANDERSON SMITH DIRECTOR OF DEVELOPMENT	50.00 5.00					X		120,680.	0.	30,579.
(9) KIRK MURPHY DIRECTOR OF FIELD OPERATIONS - NW	50.00 5.00					X		122,164.	0.	21,164.
(10) JENNIFER DOHERTY DIRECTOR OF LANDS	50.00 5.00					X		107,630.	0.	30,739.
(11) TROY SWEET DIRECTOR OF FIELD OPERATIONS - SW	50.00 5.00					X		106,517.	0.	30,533.
(12) RALPH CINFIO III DIRECTOR OF SUPPORT SERVICES	50.00 5.00					X		102,262.	0.	30,651.
(13) FRED LEKSE CHAIR	10.00 1.00	X		X				0.	0.	0.
(14) MARK BAKER VICE CHAIR	10.00 1.00	X		X				0.	0.	0.
(15) CHARLIE DECKER DIRECTOR	5.00 1.00	X						0.	0.	0.
(16) TIMOTHY DELANEY DIRECTOR	5.00 1.00	X						0.	0.	0.
(17) T.W. GARRETT DIRECTOR	5.00 1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NANCY HADLEY DIRECTOR	5.00 1.00	X						0.	0.	0.
(19) NANCY HOLLAND DIRECTOR	5.00 1.00	X						0.	0.	0.
(20) ERIC JOHNSON DIRECTOR	5.00 1.00	X						0.	0.	0.
(21) KENT JOHNSON DIRECTOR	5.00 1.00	X						0.	0.	0.
(22) DONNA MCDONALD DIRECTOR	5.00 1.00	X						0.	0.	0.
(23) BILL PINE DIRECTOR	5.00 1.00	X						0.	0.	0.
(24) DENNIS RADOCHA DIRECTOR	5.00 1.00	X						0.	0.	0.
(25) TOM ROBINSON DIRECTOR	5.00 1.00	X						0.	0.	0.
(26) DAVE STEPHENS DIRECTOR	5.00 1.00	X						0.	0.	0.
1b Subtotal								1,903,701.	0.	408,539.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,903,701.	0.	408,539.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 12

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
USDA FOREST SERVICE PO BOX 6200-09, PORTLAND, OR 98228	HABITAT ENHANCEMENT	1,151,856.
ROSS GROUP INC 6636 CHURCH STREET, DOUGLASVILLE, GA 30134	MEMBERSHIP DATABASE DESIGN & HOSTING	413,744.
FEDERAL EXPRESS PO BOX 94515, PALATINE, IL 60094	SHIPPING	381,015.
MONTANA DEPARTMENT OF FISH WILDLIFE & PARKS PO BOX 200701, HELENA, MT 59620	HABITAT ENHANCEMENT	323,163.
COLORADANS PROTECTING WILDLIFE 9177 E MINERAL CIRCLE, CENTENNIAL, CO 80112	ADVOCACY	307,500.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 12

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for SCOTT SWASEY, DR. MARTIN VAVRA, and MICHAEL WRIGHT.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b	7,585,967.				
	c	Fundraising events	1c					
	d	Related organizations	1d	9,442,998.				
	e	Government grants (contributions)	1e	1,621,750.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	15,492,522.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 3,052,015.				
	h	Total. Add lines 1a-1f			34,143,237.			
Program Service Revenue	2 a	LAND SALES	Business Code					
			900099	19,676,000.	19,676,000.			
	b	MEMBERSHIP REVENUE	900099	3,095,545.	3,095,545.			
	c	ADVERTISING INCOME	541800	1,454,176.		1,454,176.		
	d	CONTRACT REVENUE	900099	1,029,269.	1,029,269.			
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f			25,254,990.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,234,847.			1,234,847.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties		230,380.			230,380.	
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					62,486,042.			
b	Less: cost or other basis and sales expenses	7b	55,355,376.	729.				
c	Gain or (loss)	7c	7,130,666.	-729.				
d	Net gain or (loss)			7,129,937.		7,129,937.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		591,290.				
			8b	391,371.				
c	Net income or (loss) from fundraising events			199,919.		199,919.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
			9b					
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a		1,287,169.				
			10b	1,084,679.				
c	Net income or (loss) from sales of inventory			202,490.		202,490.		
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME	Business Code					
			900099	16,697.			16,697.	
	b							
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d			16,697.				
12	Total revenue. See instructions			68,412,497.	23,800,814.	1,454,176.	9,014,270.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,962,979.	3,962,979.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	70,500.	70,500.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	100,000.	100,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,672,360.	835,991.	657,501.	178,868.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,610,378.	2,779,656.	1,250,936.	4,579,786.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	424,485.	130,742.	62,675.	231,068.
9 Other employee benefits	1,602,275.	524,702.	262,035.	815,538.
10 Payroll taxes	816,691.	256,674.	160,366.	399,651.
11 Fees for services (nonemployees):				
a Management				
b Legal	24,767.	2,687.	22,080.	
c Accounting	110,899.	1,500.	107,899.	1,500.
d Lobbying	82,501.	82,501.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	119,827.		119,827.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,288,724.	635,817.	85,620.	567,287.
12 Advertising and promotion	991,971.	641,551.	30,567.	319,853.
13 Office expenses	8,204,161.	2,077,287.	496,994.	5,629,880.
14 Information technology	443,197.	126,754.	143,500.	172,943.
15 Royalties				
16 Occupancy	361,939.	47,539.	283,663.	30,737.
17 Travel	633,820.	221,634.	12,227.	399,959.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	65,080.	9,774.	30,058.	25,248.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	685,172.	320,358.	199,204.	165,610.
23 Insurance	48,484.	16,778.	31,658.	48.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a LAND PROTECTION	20,569,116.	20,569,116.		
b CONSERVATION EASEMENTS	5,438,694.	5,438,694.		
c MEMBERSHIP BENEFITS	3,800,587.	3,800,587.		
d CONSERVATION PROJECTS	1,449,759.	1,449,759.		
e All other expenses	439,220.	82,042.	169,400.	187,778.
25 Total functional expenses. Add lines 1 through 24e	62,017,586.	44,185,622.	4,126,210.	13,705,754.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	18,221,596.	1	12,662,243.
	2 Savings and temporary cash investments	1,768,383.	2	1,021,836.
	3 Pledges and grants receivable, net	1,047,794.	3	860,728.
	4 Accounts receivable, net	1,362,066.	4	222,741.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	6,124,352.	8	6,521,614.
	9 Prepaid expenses and deferred charges	1,063,418.	9	367,838.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 18,371,458.		
	b Less: accumulated depreciation	10b 7,604,196.		
	11 Investments - publicly traded securities	59,854,708.	11	80,238,174.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	3,204,000.	13	2,097,000.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	313,700.	15	313,700.
16 Total assets. Add lines 1 through 15 (must equal line 33)	104,253,020.	16	115,073,136.	
Liabilities	17 Accounts payable and accrued expenses	4,073,630.	17	3,317,978.
	18 Grants payable		18	
	19 Deferred revenue	1,910,994.	19	1,511,553.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	2,423,450.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,487,184.	25	1,446,220.
	26 Total liabilities. Add lines 17 through 25	7,471,808.	26	8,699,201.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	48,345,496.	27	50,830,665.
	28 Net assets with donor restrictions	48,435,716.	28	55,543,270.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	96,781,212.	32	106,373,935.
33 Total liabilities and net assets/fund balances	104,253,020.	33	115,073,136.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	68,412,497.
2	Total expenses (must equal Part IX, column (A), line 25)	2	62,017,586.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,394,911.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	96,781,212.
5	Net unrealized gains (losses) on investments	5	2,962,199.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	235,613.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	106,373,935.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2020)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19,824,880.	26,191,183.	38,496,310.	44,815,965.	34,143,237.	163,471,575.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	19,824,880.	26,191,183.	38,496,310.	44,815,965.	34,143,237.	163,471,575.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,369,155.
6 Public support. Subtract line 5 from line 4.						155,102,420.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	19,824,880.	26,191,183.	38,496,310.	44,815,965.	34,143,237.	163,471,575.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,401,830.	1,461,190.	1,850,260.	2,088,520.	1,465,227.	8,267,027.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	13,035,764.	14,140,728.	15,900,547.	2,113,600.	1,454,176.	46,644,815.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	90,251.	90,439.	9,109.	52,353.	16,697.	258,849.
11 Total support. Add lines 7 through 10						218,642,266.
12 Gross receipts from related activities, etc. (see instructions)					12	55,261,450.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	70.94 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	63.52 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2016 AMOUNT: \$ 90,251.

2017 AMOUNT: \$ 90,439.

2018 AMOUNT: \$ 9,109.

2019 AMOUNT: \$ 52,353.

2020 AMOUNT: \$ 16,697.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

ROCKY MOUNTAIN ELK FOUNDATION, INC.

Employer identification number

81-0421425

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization ROCKY MOUNTAIN ELK FOUNDATION, INC.	Employer identification number 81-0421425
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 825,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ROCKY MOUNTAIN ELK FOUNDATION, INC.	Employer identification number 81-0421425
---	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	CONSERVATION EASEMENT _____ _____ _____	\$ 825,000.	02/25/20
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization ROCKY MOUNTAIN ELK FOUNDATION, INC.	Employer identification number 81-0421425
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p style="text-align: center;">ROCKY MOUNTAIN ELK FOUNDATION, INC.</p>	Employer identification number <p style="text-align: center;">81-0421425</p>
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ 0.
- 3 Volunteer hours for political campaign activities 0.

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	1,552.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	366,864.													
c	Total lobbying expenditures (add lines 1a and 1b)	368,416.													
d	Other exempt purpose expenditures	53,381,582.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	53,749,998.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	78,006.	56,658.	115,967.	368,416.	619,047.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	9,365.	34,761.	61,889.	1,552.	107,567.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (See instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization ROCKY MOUNTAIN ELK FOUNDATION, INC. **Employer identification number** 81-0421425

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	228
b Total acreage restricted by conservation easements	415,509.11
c Number of conservation easements on a certified historic structure included in (a)	0
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 2

4 Number of states where property subject to conservation easement is located ▶ 16

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 2889

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 176,045.

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ 313,700.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other HUNTING HERITAGE

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	58,517,191.	50,372,882.	54,196,205.	47,743,000.	44,742,000.
b Contributions	549,458.	1,393,494.	76,500.	327,000.	786,000.
c Net investment earnings, gains, and losses	10,613,794.	8,762,952.	-2,580,429.	6,619,440.	3,516,565.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,892,046.	1,852,146.	1,169,659.	325,000.	1,141,000.
f Administrative expenses	0.	159,991.	149,735.	168,235.	160,565.
g End of year balance	67,788,397.	58,517,191.	50,372,882.	54,196,205.	47,743,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 20.4500 %
- b Permanent endowment 46.9500 %
- c Term endowment 32.6000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,380,000.		2,380,000.
b Buildings		12,358,913.	4,890,974.	7,467,939.
c Leasehold improvements				
d Equipment		3,588,251.	2,713,222.	875,029.
e Other		44,294.		44,294.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,767,262.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY CONTRACT PAYABLE	1,244,288.
(3) CURRENT PLANNED GIFT	201,932.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,446,220.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	71,490,482.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,962,199.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	235,613.
e	Add lines 2a through 2d	2e	3,197,812.
3	Subtract line 2e from line 1	3	68,292,670.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	119,827.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	119,827.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	68,412,497.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	61,897,759.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	61,897,759.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	119,827.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	119,827.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	62,017,586.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART II, LINE 3:

DURING 2020, RMEF MODIFIED ONE CONSERVATION EASEMENT HELD IN MONTANA AND ONE CONSERVATION EASEMENT HELD IN SOUTH DAKOTA IN ORDER TO PROTECT ADDITIONAL ACRES.

PART II, LINE 5:

RMEF HAS ADOPTED THE LAND TRUST ALLIANCE'S STANDARDS AND PRACTICES REGARDING LAND CONSERVATION PROJECTS. THESE STANDARDS GUIDE HOW WE AS AN ORGANIZATION MONITOR, INSPECT, AND ENFORCE CONSERVATION EASEMENTS. IN ADDITION, RMEF HAS A NUMBER OF OUR OWN POLICIES AND PROCEDURES IN PLACE WHICH DICTATE HOW WE WILL MONITOR, ENFORCE, AND PROTECT CONSERVATION

EASEMENTS WE HOLD. THESE PROCEDURES INCLUDE, AMONG OTHER THINGS, HOW WE

Part XIII Supplemental Information (continued)

WILL NOTIFY LANDOWNERS OF AN UPCOMING INSPECTION, HOW WE WILL DOCUMENT

AND CONDUCT THE ANNUAL MONITORING INSPECTION, AND HOW WE WILL REPORT,

INVESTIGATE, AND ACT UPON THE FINDINGS AND ANY POTENTIAL VIOLATIONS. SOME

OF RMEF'S PROCEDURES AND RIGHTS TO PROTECT THE CONSERVATION VALUES UNDER

A CONSERVATION EASEMENT ARE ALSO DESCRIBED IN THE EASEMENT DOCUMENT. RMEF

ALSO HAS REGULAR COMMUNICATION WITH LANDOWNERS AS WELL AS OUR BOARD OF

DIRECTORS ON THE STATUS OF THE EASEMENTS WHICH THE ORGANIZATION HOLDS.

PART II, LINE 9:

RMEF'S POLICY FOR CONSERVATION EASEMENTS PRESUMES THAT THE BENEFITS OF

CONSERVATION EASEMENTS FLOW THROUGH TO THE GENERAL PUBLIC. CONSERVATION

EASEMENTS ARE RECORDED AS REVENUE AND PROGRAM EXPENSE IN THE YEAR THE

APPRAISED VALUE IS MADE AVAILABLE. CONTRIBUTED CONSERVATION EASEMENTS ARE

RECORDED AT ESTIMATED VALUE WHEN AN APPRAISAL IS NOT AVAILABLE.

PART III, LINE 4:

THE PERMANENT COLLECTIONS CONSIST OF ARTWORK, BRONZES, MOUNTS, HISTORICAL

OBJECTS, AND OTHER ITEMS OF CONTINUING VALUE AND INTEREST. THESE ITEMS

FURTHER OUR EXEMPT PURPOSE BY PROVIDING EDUCATION ABOUT CONSERVATION AND

HUNTING, AND THEIR IMPORTANCE TO ELK AND ELK HABITAT. THE ITEMS ON PUBLIC

EXHIBITION HELP TO DRAW INTEREST AND ATTENTION TO OUR ELK COUNTRY VISITOR

CENTER AND HEADQUARTERS BUILDING, WHICH SHOWCASE OUR MISSION WORK, PROVIDE

EDUCATION ABOUT WILDLIFE AND THEIR HABITAT, AND HIGHLIGHT THE HISTORY OF

RMEF.

PART V, LINE 4:

THE CONSERVATION EASEMENT PROTECTION FUND WAS ESTABLISHED TO SUPPORT

RMEF'S CONSERVATION EASEMENT PROGRAM, AND OUR ABILITY TO MONITOR AND

Part XIII Supplemental Information (continued)

ENFORCE OUR CONSERVATION EASEMENTS. WHEN RMEF ACCEPTS A CONSERVATION
EASEMENT, IT TAKES ON THE OBLIGATION TO MONITOR AND DEFEND THAT EASEMENT
IN PERPETUITY. DISTRIBUTIONS FROM THE FUND ARE USED TO COVER MONITORING
COSTS AS WELL AS LEGAL COSTS ASSOCIATED WITH DEFENDING EASEMENTS.

THE STRATEGIC LAND PROTECTION FUND WAS ESTABLISHED TO PROVIDE ACTIVE
CAPITAL FOR COMPLETING PERMANENT LAND PROTECTION PROJECTS.

THE GENERAL ENDOWMENT FUND WAS ESTABLISHED FOR LONG TERM STABILITY. THE
EARNINGS FROM THIS DONOR RESTRICTED FUND CAN BE USED TO SUPPORT RMEF'S
GENERAL ACTIVITIES.

THE RMEF'S DONOR RESTRICTED TORSTENSON FAMILY ENDOWMENT(TFE) WAS
ESTABLISHED WITH THE PROCEEDS FROM THE SALE OF THE TORSTENSON WILDLIFE
CENTER IN 2012. THE TFE FUNDS ARE USED TO SUPPORT RMEF'S CORE MISSION
PROJECTS OF PERMANENT LAND PROTECTION, HABITAT STEWARDSHIP, WILDLIFE
MANAGEMENT AND HUNTING HERITAGE.

THE MIDWAY USA YOUTH ENDOWMENT WAS ESTABLISHED TO SUPPORT YOUTH
ACTIVITIES. THE EARNINGS FROM THIS DONOR RESTRICTED FUND ARE USED TO
EDUCATE YOUTH ON RMEF'S MISSION AND THE RELEVANCE OF WILDLIFE
CONSERVATION.

PART X, LINE 2:

RMEF IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE
INTERNAL REVENUE CODE. HOWEVER, NET INCOME FROM CERTAIN ACTIVITIES
(ADVERTISING, CERTAIN INVENTORY SALES AND CERTAIN OTHER ITEMS) NOT
DIRECTLY RELATED TO RMEF'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS

Part XIII Supplemental Information *(continued)*

UNRELATED BUSINESS INCOME. TAXES RELATED TO THESE ACTIVITIES WERE NOT

SIGNIFICANT FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPLIT INTEREST GAINS/LOSSES 235,613.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

RMEF AWARDS GRANT FUNDS TO APPLICANTS TO COMPLETE HABITAT STEWARDSHIP,
WILDLIFE MANAGEMENT AND HUNTING HERITAGE PROJECTS. BEFORE GRANTS ARE
AWARDED, THE APPLICANTS MUST SUBMIT A PROJECT PROPOSAL THAT DETAILS THE
SPECIFIC WORK TO BE FUNDED. A COMMITTEE WITH REPRESENTATIVES FROM
MULTIPLE AGENCIES AND ORGANIZATIONS SCREENS ALL PROPOSALS TO DETERMINE
WHICH PROJECTS HAVE THE GREATEST BENEFIT TO ELK, OTHER WILDLIFE, AND
THEIR HABITAT. RMEF ALSO REQUIRES SUBMISSION OF A PROJECT COMPLETION
REPORT WITHIN 60 DAYS OF THE END OF THE ACTIVITIES. THE COMPLETION REPORT
MUST INCLUDE A FULL ACCOUNTING OF EXPENDITURES, PHOTO DOCUMENTATION OF
PROJECT ACTIVITIES, LISTING OF THE SPECIFIC WORK ACCOMPLISHED, AND
RECOGNITION OF RMEF'S CONTRIBUTION BY APPROPRIATE MEANS.

PART I, LINE 3:

THE ACCRUAL METHOD WAS USED TO ACCOUNT FOR EXPENDITURES.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		HUNTER & OUTDOOR CHRISTMAS (event type)	ELK CAMP (event type)	NONE (total number)	
Revenue	1	Gross receipts	248,890.	342,400.	591,290.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	248,890.	342,400.	591,290.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	2,171.	2,127.	4,298.
	6	Rent/facility costs	247,083.		247,083.
	7	Food and beverages			
	8	Entertainment		15,000.	15,000.
	9	Other direct expenses	90,664.	34,326.	124,990.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			391,371.
11	Net income summary. Subtract line 10 from line 3, column (d)			199,919.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **ROCKY MOUNTAIN ELK FOUNDATION, INC.** Employer identification number **81-0421425**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALASKA DEPARTMENT OF FISH AND GAME PO BOX 115526 JUNEAU, AK 99811	92-6001185	STATE OF AK	10,000.	0.	N/A	N/A	HABITAT STEWARDSHIP
TETON COUNTY WEED & PEST DISTRICT 7575 SOUTH HWY 89 JACKSON, WY 83001	83-0220039	TETON CTY	10,000.	0.	N/A	N/A	HABITAT STEWARDSHIP
HOT SPRINGS COUNTY 4H 328 ARAPAHOE THERMOPOLIS, WY 82443	83-0261777	501C3	5,075.	0.	N/A	N/A	HABITAT STEWARDSHIP
SYLVA RANCH 11408 SYLVA RD MONTAGUE, CA 96064	55-8797698		20,000.	0.	N/A	N/A	HABITAT STEWARDSHIP
SWVA SPORTSMEN INC PO BOX 269 VANSANT, VA 24656	46-2053795	501C3	33,835.	0.	N/A	N/A	HABITAT STEWARDSHIP
STILLWATER VALLEY WATERSHED COUNCIL - PO BOX 112 - ABSAROKEE, MT 59001	90-0641225	501C3	7,205.	0.	N/A	N/A	HABITAT STEWARDSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 71.

3 Enter total number of other organizations listed in the line 1 table ▶ 6.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH DAKOTA DEPARTMENT OF GAME FISH AND PARKS - 4130 ADVENTURE TRAIL - RAPID CITY, SD 57702	46-6000364	STATE OF SD	108,358.	0.	N/A	N/A	HABITAT STEWARDSHIP
JACKSON COUNTY FORESTRY & PARKS W9790 AIRPORT RD BLACK RIVER FALLS, WI 54615	39-6005703	JACKSON CTY	16,600.	0.	N/A	N/A	HABITAT STEWARDSHIP
MEDIX RUN ENTERPRIZES INC 1997 ROCK HILL RD WEEDVILLE, PA 15868	75-3201904		5,000.	0.	N/A	N/A	HABITAT STEWARDSHIP
PHEASANTS FOREVER 1783 BUERKLE CIRCLE ST PAUL, MN 55110	41-1429149	501C3	10,000.	0.	N/A	N/A	HABITAT STEWARDSHIP
MINNESOTA DEPARTMENT OF NATURAL RESOURCES - 460 PETERSON RD. - GRAND RAPIDS, MN 55744	41-6007162	STATE OF MN	36,827.	0.	N/A	N/A	HABITAT STEWARDSHIP
MORROW SOIL & WATER CONSERVATION DISTRICT - PO BOX 127 - HEPPNER, OR 97836	93-0797719	CITY OF HEPPNER	20,000.	0.	N/A	N/A	HABITAT STEWARDSHIP
NATURE CONSERVANCY 4245 NORTH FAIRFAX DR STE 100 ARLINGTON, VA 22203	53-0242652	501C3	32,168.	0.	N/A	N/A	HABITAT STEWARDSHIP
NEVADA DEPARTMENT OF WILDLIFE 1100 VALLEY RD RENO, NV 89512	88-6000022	STATE OF NV	45,642.	0.	N/A	N/A	HABITAT STEWARDSHIP
NORTH CAROLINA WILDLIFE RESOURCES COMMISSION - 1702 MAIL SERVICE CENTER - RALEIGH, NC 27699	73-6502734	STATE OF NC	44,050.	0.	N/A	N/A	HABITAT STEWARDSHIP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN LUIS NATIONAL WILDLIFE REFUGE - USFWS - 7376 WOLFSEN RD - LOS BANOS, CA 93635	53-0201504	US GOVT	12,000.	0.	N/A	N/A	HABITAT STEWARDSHIP
OREGON DEPARTMENT OF FISH AND WILDLIFE - PO BOX 9 - JOHN DAY, OR 97845	93-0655103	STATE OF OR	95,000.	0.	N/A	N/A	HABITAT STEWARDSHIP
PALOUSE ROCK LAKE CONSERVATION DISTRICT - PO BOX 438 3 N PARK ST - ST JOHN, WA 99171	91-0641225	STATE OF WA	10,465.	0.	N/A	N/A	HABITAT STEWARDSHIP
PARK COUNTY COOPERATIVE WEED MANAGEMENT AREA - 119 SOUTH 3RD ST. - LIVINGSTON, MT 59047	81-6010045	PARK CTY	9,000.	0.	N/A	N/A	HABITAT STEWARDSHIP
MONTANA DEPARTMENT OF FISH WILDLIFE & PARKS - PO BOX 200701 - HELENA, MT 59620	81-0302402	STATE OF MT	149,558.	0.	N/A	N/A	HABITAT STEWARDSHIP
UNION COUNTY 1001 4TH STREET STE A & B LA GRANDE, OR 97850	93-6002313	UNION CTY	15,000.	0.	N/A	N/A	HABITAT STEWARDSHIP
PENNSYLVANIA GAME COMMISSION 105 ARBUTUS LN ST MARYS, PA 15857	25-1618042	STATE OF PA	29,860.	0.	N/A	N/A	HABITAT STEWARDSHIP
CAVALIER COUNTY WEED BOARD 901 3RD STREET STE 15 LANGDON, ND 58249	45-6002206	CAVALIER CTY	11,880.	0.	N/A	N/A	HABITAT STEWARDSHIP
BEAVERHEAD COUNTY WEED DISTRICT 2 S. PACIFIC ST DILLON, MT 59725	81-6001331	BEAVERHEAD CTY	5,000.	0.	N/A	N/A	HABITAT STEWARDSHIP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASOTIN COUNTY NOXIOUS WEED CONTROL BOARD - PO BOX 881 - ASOTIN, WA 99402	91-6001295	ASOTIN CTY	24,000.	0.	N/A	N/A	HABITAT STEWARDSHIP
WYOMING GAME & FISH DEPARTMENT 5400 BISHOP BLVD CHEYENNE, WY 82006	83-0208667	STATE OF WY	140,639.	0.	N/A	N/A	HABITAT STEWARDSHIP
ARKANSAS GAME AND FISH COMMISSION PO BOX 316 JASPER, AR 72641	71-0562360	STATE OF AR	26,048.	0.	N/A	N/A	HABITAT STEWARDSHIP
CALIFORNIA DEPARTMENT OF FISH AND GAME - 1724 BALL MOUNTAIN RD. - MONTAGUE, CA 96064	27-1674044	STATE OF CA	8,008.	0.	N/A	N/A	HABITAT STEWARDSHIP
UNIVERSITY OF WASHINGTON 1400 NE CAMPUS PKWY SEATTLE, WA 98195	91-6001537	STATE OF WA	24,429.	0.	N/A	N/A	HABITAT STEWARDSHIP
CHELAN COUNTY NATURAL RESOURCE DEPARTMENT - 411 WASHINGTON ST. SUITE 201 - ELLENSBURG, WA 98801	91-6001297	CHELAN CTY	9,747.	0.	N/A	N/A	HABITAT STEWARDSHIP
WISCONSIN DEPARTMENT OF NATURAL RESOURCES - 101 S WEBSTER ST - MADISON, WI 53707	39-6006436	STATE OF WI	86,293.	0.	N/A	N/A	HABITAT STEWARDSHIP
WASHINGTON DEPARTMENT OF FISH AND WILDLIFE - 16601 US HIGHWAY 12 - NACHES, WA 98937	91-1632572	STATE OF WA	80,734.	0.	N/A	N/A	HABITAT STEWARDSHIP
ARIZONA GAME AND FISH DEPARTMENT 1980 E. HOPI DR. SPRINGERVILLE, AZ 85938	26-0191335	STATE OF AR	45,000.	0.	N/A	N/A	HABITAT STEWARDSHIP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO DEPARTMENT OF NATURAL RESOURCES - 1313 SHERMAN ST ROOM 423 - DENVER, CO 80203	84-0644739	STATE OF CO	193,523.	0.	N/A	N/A	HABITAT STEWARDSHIP
COLORADO PARKS AND WILDLIFE 300 WEST NEW YORK AVE GUNNISON, CO 81230	84-0644739	STATE OF CO	34,353.	0.	N/A	N/A	HABITAT STEWARDSHIP
WALLOWA RESOURCES 401 NW 1ST ST STE A ENTERPRISE, OR 97828	91-1794627	501C3	14,988.	0.	N/A	N/A	HABITAT STEWARDSHIP
VESEY RANCH 13225 NORTH CREEK RD FAIRFIELD, ND 58627	50-2801881		43,722.	0.	N/A	N/A	HABITAT STEWARDSHIP
COWLITZ CO PUBLIC UTILITY DISTRICT PO BOX 3007 LONGVIEW, WA 98632	91-6001037	COLWITZ CTY	8,050.	0.	N/A	N/A	HABITAT STEWARDSHIP
USFS / USDA 1400 INDEPENENCE AVE SW WASHINGTON, DC 20250	72-0564834	US GOVT	1,024,025.	0.	N/A	N/A	HABITAT STEWARDSHIP
DOI/BLM 1849 C STREET NW RM 5665 WASHINGTON, DC 20240	84-0437540	US GOVT	190,114.	0.	N/A	N/A	HABITAT STEWARDSHIP
BABBITT RANCHES LLC PO BOX 520 FLAGSTAFF, AZ 86002	86-0566947		109,870.	0.	N/A	N/A	HABITAT STEWARDSHIP
RAISED AT FULL DRAW 1221 E BUCHANAN ST WINTERSSET, IA 50273	46-5141615	501C3	35,000.	0.	N/A	N/A	HUNTING HERITAGE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
US SPORTSMENS ALLIANCE FOUNDATION 801 KINGSMILL PKWY COLUMBUS, OH 43229	31-0941103	501C3	20,000.	0.	N/A	N/A	HUNTING HERITAGE
SCHREINER UNIVERSITY 2100 MEMORIAL BLVD KERVILLE, TX 78028	74-1193459	501C3	6,000.	0.	N/A	N/A	HUNTING HERITAGE
WYOMING DISABLED HUNTERS PO BOX 2232 CODY, WY 82414	26-3204990	501C3	10,000.	0.	N/A	N/A	HUNTING HERITAGE
SHASTA MOUNTAIN ARCHERS PO BOX 101 MOUNT SHASTA, CA 96067	68-0241089		12,800.	0.	N/A	N/A	HUNTING HERITAGE
RIO SALADO TARGET TERMINATORS 226 E. PALO VERDE ST. GILBERT, AZ 85296	84-4454663	501C3	8,050.	0.	N/A	N/A	HUNTING HERITAGE
TEXAS WILDLIFE ASSOCIATION FOUNDATION - 3660 THOUSAND OAKS DR #126 - SAN ANTONIO, TX 78247	74-2605516	501C3	9,500.	0.	N/A	N/A	HUNTING HERITAGE
YUMA YOUNG GUNS 6749 E MISSION ST. YUMA, AZ 85365	46-3083270	501C3	7,000.	0.	N/A	N/A	HUNTING HERITAGE
OPERATON GAME THIEF PO BOX 18583 AUSTIN, TX 78760	45-2734605	501C3	6,000.	0.	N/A	N/A	HUNTING HERITAGE
CONGRESSIONAL SPORTSMENS FOUNDATION - 110 N CAROLINA AVE SE - WASHINGTON, DC 20003	52-1686163	501C3	16,000.	0.	N/A	N/A	HUNTING HERITAGE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIVIDE CAMP PO BOX 49 JOSEPH, OR 97846	30-0745582	501C3	7,500.	0.	N/A	N/A	HUNTING HERITAGE
FEEDING TEXAS 1524 S IH 35 STE 342 AUSTIN, TX 78704	74-2762542	501C3	5,500.	0.	N/A	N/A	HUNTING HERITAGE
CLEMENTS BOYS & GIRLS CLUBS 304 W AVE B KILLEEN, TX 76541	74-1505573	501C3	7,739.	0.	N/A	N/A	HUNTING HERITAGE
BROTHERS-SISTERS OF OUR MILITARY ADVENTURES - 7505 COLUMBUS DR - AMARILLO, TX 79118	81-2967415	501C3	5,000.	0.	N/A	N/A	HUNTING HERITAGE
FIRST HUNT FOUNDATION 2965 HWY 162 KAMIAH, ID 83536	47-3946789	501C3	5,000.	0.	N/A	N/A	HUNTING HERITAGE
PASS IT ON - OUTDOOR MENTORS INC. 310 EAST 2ND ST. WICHITA, KS 67202	20-5044499	501C3	10,000.	0.	N/A	N/A	HUNTING HERITAGE
BOY SCOUTS OF AMERICA 7125 FALL CREEK RD NORTH INDIANAPOLIS, IN 46256	23-1365192	501C3	5,500.	0.	N/A	N/A	HUNTING HERITAGE
GAINES & ASSOCIATES PO BOX 1481 SHINGLE SPRINGS, CA 95682	56-0197688		20,000.	0.	N/A	N/A	HUNTING HERITAGE
HANDS OF A SPORTSMAN 9820 CASTOR RD SALISBURY, NC 28146	81-1174987	501C3	6,000.	0.	N/A	N/A	HUNTING HERITAGE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOOSIERS FEEDING THE HUNGRY 7600 MOSS CREEK RD EVANSVILLE, IN 47720	45-2402892	501C3	5,000.	0.	N/A	N/A	HUNTING HERITAGE
HUNT WITH HEART PO BOX 1214 PEARLAND, TX 77588	45-4860019	501C3	5,000.	0.	N/A	N/A	HUNTING HERITAGE
HUNTING WITH HEROES PO BOX 51736 CASPER, WY 82605	46-3188184	501C3	5,000.	0.	N/A	N/A	HUNTING HERITAGE
IDOLS ASIDE MINISTRIES 5116 S LAKELAND DR LAKELAND, FL 33813	26-3803093	501C3	28,840.	0.	N/A	N/A	HUNTING HERITAGE
ILLINOIS CONSERVATION FOUNDATION 1 NATURAL RESOURCES WAY SPRINGFIELD, IL 62702	37-1340071	501C3	175,000.	0.	N/A	N/A	HUNTING HERITAGE
INTERNATIONAL HUNTER EDUCATION ASSOCIATION - 800 E 73RD AVE UNIT 3 - DENVER, CO 80229	75-2907691	501C3	12,500.	0.	N/A	N/A	HUNTING HERITAGE
YREKA HIGH SCHOOL TRAP TEAM 400 PREECE WAY YREKA, CA 96097	68-0436934	CITY OF YREKA	6,000.	0.	N/A	N/A	HUNTING HERITAGE
NUECES CANYON CONSOLIDATED ISD PO BOX 118 BARKSDALE, TX 78828	75-6015910	CITY OF BARKSDALE	7,000.	0.	N/A	N/A	HUNTING HERITAGE
ONE MONTANA 280 W KAGY BLVD STE D233 BOZEMAN, MT 59715	84-1645549	501C3	60,000.	0.	N/A	N/A	HUNTING HERITAGE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO STATE UNIVERSITY 900 OVAL DR FORT COLLINS, CO 80523	84-6000545	STATE OF CO	20,000.	0.	N/A	N/A	HUNTING HERITAGE
COLORADANS PROTECTING WILDLIFE 9177 MINERAL CIRCLE CENTENNIAL, CO 80112	84-2719389	501C4	282,500.	0.	N/A	N/A	HUNTING HERITAGE
UNIVERSITY OF MONTANA 32 CAMPUS DRIVE MISSOULA, MT 59801	81-6001713	STATE OF MT	87,463.	0.	N/A	N/A	WILDLIFE MANAGEMENT
UNIVERSITY OF WYOMING 1000 EAST UNIVERSITY AVE. LARAMIE, WY 82071	83-6000331	STATE OF WY	60,673.	0.	N/A	N/A	WILDLIFE MANAGEMENT
UNIVERSITY OF WISCONSIN - OFFICE FOR RESEARCH - 3203 NORTH DOWNER AVENUE, MITCHEL HALL 235 - MILWAUKEE, WI 53278	39-1805963	STATE OF WI	47,935.	0.	N/A	N/A	WILDLIFE MANAGEMENT
UNIVERSITY OF CALIFORNIA BERKELEY PO BOX 989062 WEST SACRAMENTO, CA 95798	94-6002123	STATE OF CA	82,957.	0.	N/A	N/A	WILDLIFE MANAGEMENT
WILDLIFE MANAGEMENT INSTITUTE 4426 VT ROUTE 215 N. CABOT, VT 05647	53-0196629	501C3	50,000.	0.	N/A	N/A	WILDLIFE MANAGEMENT
NEW MEXICO STATE UNIVERSITY PO BOX 30001 MSC 3AA LAS CRUCES, NM 88003	85-6000401	STATE OF NM	18,455.	0.	N/A	N/A	WILDLIFE MANAGEMENT

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HABITAT ENHANCEMENT SCHOLARSHIP/WILDLIFE LEADERSHIP AWARD	14	70,500.	0.	N/A	N/A

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ORGANIZATIONAL GRANTS: RMEF AWARDS GRANT FUNDS TO APPLICANTS TO COMPLETE

HABITAT ENHANCEMENT PROJECTS. BEFORE GRANTS ARE AWARDED, THE APPLICANTS

MUST SUBMIT A PROJECT PROPOSAL THAT DETAILS THE SPECIFIC HABITAT

ENHANCEMENT WORK TO BE FUNDED. A COMMITTEE WITH REPRESENTATIVES FROM

MULTIPLE AGENCIES AND ORGANIZATIONS SCREENS ALL PROPOSALS TO DETERMINE

WHICH PROJECTS HAVE THE GREATEST BENEFIT TO ELK, OTHER WILDLIFE, AND THEIR

HABITAT. RMEF ALSO REQUIRES SUBMISSION OF A PROJECT COMPLETION REPORT

WITHIN 60 DAYS OF THE END OF THE ACTIVITIES. THE COMPLETION REPORT MUST

Part IV Supplemental Information

INCLUDE A FULL ACCOUNTING OF EXPENDITURES, PHOTO DOCUMENTATION OF PROJECT
ACTIVITIES, LISTING OF THE SPECIFIC WORK ACCOMPLISHED, AND RECOGNITION OF
RMEF'S CONTRIBUTION BY APPROPRIATE MEANS.

SCHOLARSHIPS: AT THE TIME OF APPLICATION, RMEF REQUIRES A VERIFICATION
SIGNED BY THE APPLICANT'S DEPARTMENT HEAD OR CHAIRPERSON INDICATING
ENROLLMENT IN THE UNIVERSITY'S WILDLIFE CURRICULUM, CLASS STANDING OF
JUNIOR OR SENIOR, AND STUDENT'S GRADE POINT AVERAGE. TWO LETTERS OF
RECOMMENDATION ARE REQUIRED WITH THE APPLICATION, WHICH SHOULD FOCUS ON THE
APPLICANT'S LEADERSHIP QUALITIES. DUE TO AN INCREASE IN STUDENTS RECEIVING
EDUCATION REMOTELY VIA THE INTERNET, RMEF ALLOWS LETTERS OF RECOMMENDATION
FROM EMPLOYERS AND VOLUNTEER SUPERVISORS. ONCE A SCHOLARSHIP IS AWARDED,
AND BEFORE FUNDS ARE DISBURSED, A SECOND UNIVERSITY VERIFICATION SIGNED BY
THE STUDENT'S FACULTY ADVISOR AND DEPARTMENT HEAD CONFIRMING THE STUDENT'S
ENROLLMENT FOR THE UPCOMING PERIOD IS REQUIRED.

Multiple horizontal lines for supplemental information input.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **ROCKY MOUNTAIN ELK FOUNDATION, INC.**
 Employer identification number: **81-0421425**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) R KYLE WEAVER PRESIDENT & CEO	(i)	305,050.	75,000.	332.	64,250.	25,079.	469,711.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RODNEY TRIEPKE MANAGING DIRECTOR OF IT	(i)	187,908.	0.	332.	9,750.	14,164.	212,154.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BLAKE HENNING CHIEF CONSERVATION OFFICER	(i)	154,912.	10,000.	332.	8,733.	25,079.	199,056.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) STEVE DECKER CHIEF REVENUE OFFICER	(i)	166,922.	0.	332.	8,668.	10,211.	186,133.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CHAD FRANKLIN MANAGING DIR OF FIELD OPERATIONS	(i)	141,348.	10,000.	332.	8,000.	25,079.	184,759.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) GRANT PARKER GENERAL COUNSEL/SECRETARY	(i)	147,698.	0.	332.	8,250.	25,079.	181,359.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SHANE CRONK CHIEF FINANCIAL OFFICER/TREASURER	(i)	143,286.	0.	332.	7,452.	25,079.	176,149.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANDERSON SMITH DIRECTOR OF DEVELOPMENT	(i)	120,348.	0.	332.	5,500.	25,079.	151,259.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:

THE BOARD OF DIRECTORS ADDED A 457(F) PLAN FOR R KYLE WEAVER.

THE ORGANIZATION CONTRIBUTED \$50,000 TO R KYLE WEAVER'S 457(F).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: **ROCKY MOUNTAIN ELK FOUNDATION, INC.**
Employer identification number: **81-0421425**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	8	67,571.	AVG ON RECEIPT
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other	X	6	2,984,444.	APPRAISAL
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement: **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS WAS USED IN PART I.

SCHEDULE M, LINE 32B:

NONCASH CONTRIBUTIONS IN THE FORM OF REAL ESTATE ARE SOMETIMES SOLD BY
UTILIZING THE SERVICES OF A REAL ESTATE AGENT.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

ROCKY MOUNTAIN ELK FOUNDATION, INC.

Employer identification number

81-0421425

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

WILDLIFE MANAGEMENT: REPRESENTS ENGAGEMENT THROUGH ADVOCACY,

COLLABORATION, RESEARCH AND MANAGEMENT WITH A FOCUS ON KEY MANAGEMENT

CHALLENGES SUCH AS WILDLIFE DISEASE, POPULATION DYNAMICS, MIGRATION

CORRIDORS, ELK ECOLOGY AND PREDATOR MANAGEMENT.

EXPENSES \$ 856,515. INCLUDING GRANTS OF \$ 347,483. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE OF THE BOARD HAS THE AUTHORITY TO ACT ON BEHALF OF

THE ENTIRE BOARD WHEN THE ENTIRE BOARD IS NOT IN SESSION. HOWEVER, THIS

AUTHORITY EXCLUDES THE ABILITY TO CHANGE ARTICLES OF INCORPORATION,

CORPORATE BYLAWS, AND APPROVE DISSOLUTION, MERGER, OR DISPOSITION OF ALL OR

SUBSTANTIALLY ALL OF THE ORGANIZATIONS ASSETS. THE AUTHORITY ALSO EXCLUDES

THE ABILITY TO REMOVE A BOARD MEMBER FROM SERVICE.

FORM 990, PART VI, SECTION A, LINE 2:

CHARLIE DECKER AND STEVE DECKER HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S INDEPENDENT ACCOUNTANT PREPARES THE FORM 990 BASED ON

INFORMATION PROVIDED BY MANAGEMENT. A PRELIMINARY REVIEW IS THEN CONDUCTED

BY THE CONTROLLER.

AFTER PREPARATION OF THE 990, A FINAL REVIEW IS CONDUCTED BY THE

CONTROLLER, CHIEF FINANCIAL OFFICER AND GENERAL COUNSEL.

Name of the organization ROCKY MOUNTAIN ELK FOUNDATION, INC.	Employer identification number 81-0421425
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THE RETURN IS PROVIDED TO THE FULL BOARD OF DIRECTORS PRIOR TO FILING. EACH BOARD MEMBER HAS THE OPPORTUNITY TO PARTICIPATE IN THE REVIEW CONDUCTED BY MANAGEMENT, AND PRESENT ANY QUESTIONS OR COMMENTS.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS, BUSINESS PROFESSIONALS WHO SERVE ON BOARD COMMITTEES, OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE OR UPDATE ANNUALLY THEIR INTERESTS AND THOSE OF THEIR FAMILY MEMBERS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST. EACH BOARD MEMBER ANNUALLY SIGNS A CODE OF ETHICS AND OATH OF OFFICE FORM. INSIDERS MUST AVOID ANY ACTUAL OR APPARENT CONFLICTS OF INTEREST, OR SHALL APPROPRIATELY MANAGE THE CONFLICT OR APPARENT CONFLICT THROUGH DISCLOSURE AND RECUSAL. THE CONFLICTED PARTY OR POTENTIAL CONFLICTED PARTY SHALL RECUSE HIM OR HERSELF FROM ANY DISCUSSION AND VOTING ON THE MATTER. IN ADDITION, OTHER TECHNIQUES SHALL BE USED AS NECESSARY TO ENSURE THAT THE LETTER AND SPIRIT OF THIS CONFLICT OF INTEREST POLICY ARE FOLLOWED. ACTUAL OR APPARENT CONFLICTS OF INTEREST MAY OCCUR BECAUSE PERSONS ASSOCIATED WITH RMEF MAY HAVE MULTIPLE INTERESTS AND AFFILIATIONS, AND VARIOUS POSITIONS OF RESPONSIBILITY. IT IS POSSIBLE THAT AN INDIVIDUAL MAY OWE DUTIES OF LOYALTY TO MORE THAN ONE ORGANIZATION. NONETHELESS, ANY CONFLICT OF INTEREST, OR SITUATIONS POTENTIALLY INVOLVING CONFLICTS OF INTEREST, SHALL BE FULLY DISCLOSED, AND SHALL BE MANAGED SO THAT THE INTEGRITY, REPUTATION AND TAX EXEMPT TAX STATUS OF RMEF WILL BE MAINTAINED, INCLUDING RECUSAL OF THE CONFLICTED PARTY FROM CONSIDERATION OF THE ISSUE. WHEN ENGAGING IN LAND AND EASEMENT TRANSACTIONS WITH INSIDERS, RMEF SHALL FOLLOW THIS CONFLICT OF INTEREST POLICY; DOCUMENT THAT THE PROJECT MEETS THE RMEF'S MISSION; FOLLOW ALL TRANSACTION POLICIES AND PROCEDURES; AND ENSURE THAT THERE IS NO PRIVATE INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT. FOR PURCHASES FROM AND SALES OF PROPERTY TO INSIDERS, RMEF

Name of the organization ROCKY MOUNTAIN ELK FOUNDATION, INC.	Employer identification number 81-0421425
---	--

SHALL OBTAIN A QUALIFIED INDEPENDENT APPRAISAL PREPARED IN COMPLIANCE WITH

THE UNIFORM STANDARDS OF PROFESSIONAL APPRAISAL PRACTICE BY A

STATE-LICENSED OR STATE-CERTIFIED APPRAISER WHO HAS VERIFIABLE CONSERVATION

EASEMENT OR CONSERVATION REAL ESTATE EXPERIENCE. ADDITIONALLY, WHEN SELLING

PROPERTY TO INSIDERS, THE RMEF SHALL WIDELY MARKET THE PROPERTY IN A MANNER

SUFFICIENT TO ENSURE THAT THE PROPERTY IS SOLD AT OR ABOVE FAIR MARKET

VALUE AND TO AVOID THE REALITY OR PERCEPTION THAT THE SALE INAPPROPRIATELY

BENEFITED AN INSIDER. ANY RMEF STAFF MEMBERS INVOLVED IN A CONFLICT OF

INTEREST, POTENTIAL CONFLICT OF INTEREST, OR APPEARANCE OF A CONFLICT OF

INTEREST, WILL DISCLOSE THIS INFORMATION TO HIS OR HER SUPERVISOR, AS WELL

AS RMEF'S DIRECTOR OF HUMAN RESOURCES AND GENERAL COUNSEL. THESE

INDIVIDUALS, OR THEIR DELEGEES, WILL DETERMINE A RECOMMENDED COURSE OF

ACTION CONSISTENT WITH THIS POLICY AND STANDARD OPERATING PROCEDURES. IF

ANY INSIDER IS INVOLVED IN A CONFLICT OF INTEREST, POTENTIAL CONFLICT OF

INTEREST, OR APPEARANCE OF A CONFLICT OF INTEREST, SUCH INSIDER WILL

DISCLOSE THIS TO THE CHAIRMAN OF THE RMEF BOARD OF DIRECTORS AND RMEF'S

GENERAL COUNSEL, WHO, ALONG WITH APPROPRIATE BOARD MEMBERS AND/OR STAFF,

WILL DETERMINE A RECOMMENDED COURSE OF ACTION CONSISTENT WITH THIS POLICY

AND STANDARD OPERATING PROCEDURES. THE GENERAL COUNSEL WILL REPORT

CONFLICTS OF INTEREST AND RECOMMENDED COURSES OF ACTION TO THE RMEF AUDIT

COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15:

IN ORDER TO ESTABLISH COMPENSATION FOR THE PRESIDENT & CEO, THE BOARD OF

DIRECTORS REGULARLY CONDUCTS A COMPENSATION REVIEW. THE REVIEW CONSISTS OF

SEVERAL SOURCES, INCLUDING FORM 990 OF OTHER ORGANIZATIONS. A WRITTEN

EMPLOYMENT CONTRACT IS THEN EXECUTED AND APPROVED BY THE BOARD OF

DIRECTORS. THIS PROCESS WAS LAST COMPLETED IN 2020 AND IS USED TO DETERMINE

Name of the organization ROCKY MOUNTAIN ELK FOUNDATION, INC.	Employer identification number 81-0421425
---	--

THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, MA, MD, ME, MI, MN, MS, MO

MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WV, WI, WY

FORM 990, PART VI, SECTION C, LINE 19:

RMEF'S ARTICLES OF INCORPORATION, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THESE DOCUMENTS ARE ALSO ON FILE WITH MOST SECRETARY OF STATES OFFICES AS PART OF RMEF'S CHARITABLE SOLICITATION COMPLIANCE. THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE TO THE PUBLIC ON OUR WEB SITE, WWW.RMEF.ORG. IN ADDITION, RMEF'S FINANCIAL INFORMATION IS PUBLISHED ON CHARITY NAVIGATOR AND GUIDESTAR WEB SITES.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GAIN ON SPLIT INTEREST AGREEMENT	235,613.
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FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSEEING AND SELECTING AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **ROCKY MOUNTAIN ELK FOUNDATION, INC.** Employer identification number **81-0421425**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ROCKY MOUNTAIN ELK FND GROUP RETURN - 36-3953351, 5705 GRANT CREEK RD, MISSOULA, MT 59808	CONSERVATION	MONTANA	501(C)(3)	LINE 12B, II	ROCKY MOUNTAIN ELK FOUNDATION INC	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c	X	
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l	X	
1m	X	
1n	X	
1o	X	
1p		X
1q		X
1r		X
1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	ROCKY MOUNTAIN ELK FND GROUP RETURN	C	9,442,998.	ACTUAL
(2)				
(3)				
(4)				
(5)				
(6)				

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. ROCKY MOUNTAIN ELK FOUNDATION, INC.	Taxpayer identification number (TIN) 81-0421425
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 5705 GRANT CREEK RD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MISSOULA, MT 59808	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

SHANE CRONK, CFO/TREASURER

- The books are in the care of ▶ 5705 GRANT CREEK RD - MISSOULA, MT 59808
Telephone No. ▶ 406-523-4500 Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2020 or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2020

Department of the Treasury
Internal Revenue Service

For calendar year 2020 or other tax year beginning _____, and ending _____

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed.	B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) ROCKY MOUNTAIN ELK FOUNDATION, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 5705 GRANT CREEK RD City or town, state or province, country, and ZIP or foreign postal code MISSOULA, MT 59808	D Employer identification number 81-0421425 E Group exemption number (see instructions) 9462 F <input type="checkbox"/> Check box if an amended return.
C Book value of all assets at end of year 115,073,136.				

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ SHANE CRONK, CFO/TREASURER Telephone number ▶ 406-523-4500

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	33,729.
2 Reserved	2	
3 Add lines 1 and 2	3	33,729.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	33,729.
6 Deduction for net operating loss. See instructions STATEMENT 1	6	33,729.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d		1e	
2 Subtract line 1e from Part II, line 7		2	0.
3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)		3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here		4	0.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4		5	0.
6a Payments: A 2019 overpayment credited to 2020	6a		
b 2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total ▶	6g		
7 Total payments. Add lines 6a through 6g		7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax ▶ Refunded ▶		11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶		Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			
4a Did the organization change its method of accounting? (see instructions)			X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer _____ Date _____	CFO/TREASURER _____ Title _____	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	SARAH HINTZ	SARAH HINTZ	05/10/21	PTIN P00492291
	Firm's name ▶ CLIFTONLARSONALLEN LLP		Firm's EIN ▶ 41-0746749	
	Firm's address ▶ 8390 EAST CRESCENT PARKWAY, SUITE 300 GREENWOOD VILLAGE, CO 80111		Phone no. (303) 779-5710	

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY

1

OMB No. 1545-0047

2020

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization ROCKY MOUNTAIN ELK FOUNDATION, INC.	B Employer identification number 81-0421425
C Unrelated business activity code (see instructions) ▶ 45	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ ADVERTISING

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a			
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11	1,454,176.	950,717.	503,459.
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	1,454,176.	950,717.	503,459.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)							
2 Salaries and wages							
3 Repairs and maintenance							
4 Bad debts							
5 Interest (attach statement) (see instructions)							
6 Taxes and licenses							
7 Depreciation (attach Form 4562) (see instructions)		7					
8 Less depreciation claimed in Part III and elsewhere on return		8a				8b	
9 Depletion							
10 Contributions to deferred compensation plans							
11 Employee benefit programs							
12 Excess exempt expenses (Part VIII)							
13 Excess readership costs (Part IX)							469,730.
14 Other deductions (attach statement)							
15 Total deductions. Add lines 1 through 14							469,730.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)							33,729.
17 Deduction for net operating loss (see instructions)							0.
18 Unrelated business taxable income. Subtract line 17 from line 16							33,729.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation ▶

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11	Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 1

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR	72,141.
PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6	33,729.

SCHEDULE A PORTION OF PRE-2018 NOL	
SCHEDULE A ENTITY	SCHEDULE A SHARE

1

0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL	0.
NET OPERATING DEDUCTION	33,729.
BALANCE AFTER PRE-2018 NOL DEDUCTION	0.
EXPIRING NET OPERATING LOSSES	0.
CARRY FORWARD OF NET OPERATING LOSS	38,412.